



# Refund / Transfer Request Form

## City of Los Altos Recreation & Community Services

97 Hillview Ave, Los Altos, CA 94022 | (650) 947-2790 | [www.losaltosrecreation.org](http://www.losaltosrecreation.org)

Name of Person Requesting Refund/Transfer: \_\_\_\_\_

Circle one: Participant / Parent / Guardian (Parent/Guardian signature required if participant is under 18 years)

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Reason for Requesting Refund/Credit/Transfer:

- Schedule Conflict
- Medical Reason (Dr's note required)
- Dissatisfied with Class\*
- Other \_\_\_\_\_

\*If you were dissatisfied with a class or an instructor, we would appreciate if you would complete the Comment section below, or an evaluation form. We strive to continuously monitor our programs to ensure we are offering high-quality programs for our community.

### Refunds: (see Policy listed on the other side or the current Activity Guide)

Participant Name	Activity Name	Activity Number
1) _____	_____	_____
2) _____	_____	_____

### Transfers: (see Policy listed on the other side or the current Activity Guide)

	Course Code	Participant's Name	Course Name	Start Date	Fee
Transfer from	_____	_____	_____	_____	_____
Transfer to	_____	_____	_____	_____	_____
Transfer from	_____	_____	_____	_____	_____
Transfer to	_____	_____	_____	_____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_

Please provide your payment information if you've requested a refund or if the course being transferred into was for a different fee than the original course.

I authorize the use of my:	Visa	MasterCard	Discover	AMEX
Name on the card:				
Card #:				
Expiration Date: Month:			Year:	
Signature:			Date:	

Office Use Only:				
Issued As:	Refund	Transfer	Amount Charged/Refunded/Paid: \$ _____	
Receipt #:	_____	Processed by:	_____	Date: _____

## **REFUNDS AND TRANSFERS:**

Refund and transfer requests must be submitted in writing up to the day prior to the second class meeting.

Requests can be submitted via this form in the following ways:

- Email: [info@losaltosrecreation.org](mailto:info@losaltosrecreation.org).
- In person: 97 Hillview Avenue, Los Altos, CA 94022.
- Fax: (650) 947-2738
- Mail: 97 Hillview Avenue, Los Altos, CA 94022.

No refunds or transfers will be given after the day prior to the second class meeting.

## **REFUNDS:**

Refunds will be charged a \$20 administrative / service fee.

## **TRANSFERS:**

Transferring from one class to another is permitted without a processing fee as long as the office is notified (via this form) up to the day prior to the second class meeting.

## **CREDITS:**

No credits will be applied (from current fees/refunds/transfer balances) to your Recreation & Community Services Account to be used for future classes or programs.

If no credit card information is supplied, a check for the balance owed will be mailed to the address you have on file. The check could take 2 to 4 weeks to be processed and mailed.